

You Can Choose an Authorized Representative.

You can give a person that you trust permission to make decisions for you about your healthcare coverage. You may need this person if you are unable to fill out your insurance application form, have given someone your Power of Attorney, or for any other reason. This person is called an “authorized representative”. You don’t have to have an authorized representative, but if you want one, you can choose someone to be your authorized representative by completing and signing this form.

Check all of the things you would like your authorized representative to do for you:

- ☐ Submit and update my application for me, or respond to a change in my eligibility
- ☐ Act for me on all matters related to my account and application

1. Name of Authorized Representative (First name, Middle initial, Last name)			2. Relationship to Applicant		
3. Address					
4. City		5. State		6. Zip Code	
				7. County	
8. Primary Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell ()			9. Secondary Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell ()		
10. Organization Name (if applicable)				11. ID Number (if applicable)	
12. Email Address					
13. Signature of Applicant				14. Date (mm/dd/yyyy)	

You Can Choose an Insurance Agent or kynector.

Insurance agents and kynectors are people who are specifically trained to help you find a healthcare plan. Their services do not cost you anything extra. **Insurance agents** are licensed expert insurance professionals who can advise you on all types of insurance coverage and can recommend an insurance plan for you. **kynectors** are individuals and groups in your community that can tell you about kynect and can help you apply for coverage through kynect. kynectors are *not* insurance agents and cannot give advice or recommend a plan for you. You don’t have to have an insurance agent or kynector. If you want one, you can choose someone to be your insurance agent or kynector by completing and signing below.

1. Name of Insurance Agent or kynector (First name, Middle initial, Last name)	
2. Organization Name (if applicable)	3. ID Number (if applicable)
4. Signature of Applicant	5. Date (mm/dd/yyyy)

If you need help with your application or to apply faster online, go to www.kynect.ky.gov or call **1-855-4kynect (459-6328)**. Para ayuda en Español, llame gratis al 1-855-4kynect (459-6328).